

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001501

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

389

1. PLACE OF DEATH  
a. COUNTY

JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE b. COUNTY

KANSAS JOHNSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

KANSAS CITY

Length of stay in 1b  
4 WEEKS

c. CITY OR TOWN

PRAIRIE VILLAGE

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

ST. LUKES HOSPITAL

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

7043 LINDEN

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

TERESA CATHERINE CLEVELAND

4. DATE OF DEATH  
Month Day Year  
JAN 20 1963

5. SEX  
FEMALE

6. COLOR OR RACE  
WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
10-24-1934

9. AGE (last birthday)  
28

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOMEMAKER

10b. KIND OF BUSINESS OR INDUSTRY  
DOMESTIC

11. BIRTHPLACE (City and state or country)  
ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

ARTHUR H. HOFFMAN

13b. MOTHER'S MAIDEN NAME

TERESA GOODWYN

14. NAME OF HUSBAND OR WIFE

DAVID CLEVELAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

DAVID CLEVELAND, 7043 LINDEN

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hodgkins Disease -

INTERVAL BETWEEN ONSET AND DEATH  
6 years -

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2 July 1957 to 20 January 1963 and last saw her alive on 19 January 1963  
Death occurred at 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Blaine Z Hubbard

(Degree or title)

22b. ADDRESS

4320 Wornall Rd. - KCMO

22c. DATE SIGNED

21 Jan 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE  
JAN 22 1963

23c. NAME OF CEMETERY OR CREMATORY  
MT. HOPE CEMETERY

23d. LOCATION (City, town, or county) (State)  
ENTERPRISE KANSAS

24. FUNERAL DIRECTOR

1331 BRUSH CREEK

25. DATE RECD. BY LOCAL REG.

1-22-63

26. REGISTRAR'S SIGNATURE

Keith Long

D.W. NEWCOMER'S SONS, K.C. MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Blaine Z Hubbard

Mr. Blaine Hubbard  
4320 Wornall

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Louis Duval*

Licensed Embalmer No. 4096

P. O. Address K.C. Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.